PAGE 1 / 45

Image# 201604209014592149

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Au	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4	M5
American Academy of	Family Physicians F	Political Action Cor	nmittee	
ADDRESS (number and street)	1133 Connecticut Avenue,	NW		
Check if different	Suite 1100			
than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION NU	IMBER ▼ C	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00411553		IS THIS REPORT X (N)	W OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	Report Due On:	ar 20 (M3) Jun	20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (120)	H	ial (12S) Runoff (12R) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runo	ff (30R) Special (30S) in the State of
5. Covering Period 03	01 2016	through	03 ₃ / 31 ₃	2016
I certify that I have examined thi Type or Print Name of Treasurer	Hugh M Taylor MD		M	M / D D / Y Y Y
Signature of Treasurer Hugh	M Taylor MD	[Electronically F	iled] Date 0	4 20 2016
NOTE: Submission of false, errone	eous, or incomplete informati	on may subject the persor	signing this Report	to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 03 01 2016 To: 03 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2016		417217.01				
	(b) Cash on Hand at Beginning of Reporting Period	410028.59					
	(c) Total Receipts (from Line 19)	53696.03	168775.32				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	463724.62	585992.33				
7.	Total Disbursements (from Line 31)	68994.46	191262.17				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	394730.16	394730.16				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	rotal fine Foriou	Outondar Tour to Bato
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	35763.51	111373.02
(ii) Unitemized	16016.84	54801.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	51780.35	166174.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	51780.35	166174.18
Totals to Line 33, page 5) Transfers From Affiliated/Other	01700.00	
Party Committees	0.00	0.00
Tarty Committees		
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	1915.68	2601.14
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Levill I dilde (ilelii delleddie 116)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	53696.03	168775.32
Total Federal Receipts	E3606 03	100775 00
(subtract Line 18(c) from Line 19)▶	53696.03	168775.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: —	Iotal IIIIs Fellou	Calcilual Teal-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N. 5 I. 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	1429.46	2495.92
(c) Total Operating Expenditures		7 7
(add 21(a)(i), (a)(ii), and (b))▶	1429.46	2495.92
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	66000.00	187000.00
4. Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use schedule F)	3.00	0.00
6. Loan Repayments Made	0.00	0.00
5. 25ai ropaymono maao		
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	1565.00	1766.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	3.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	1565.00	1766.25
9. Other Disbursements	0.00	0.00
_		
D. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I odoral orialo	7	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	222	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1 Total Dishuraamenta (add Lines 01/s) 00		
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2002442	404000 47
20, 27, 20, 20, 21, 20(u), 28 dilu 30(b))	68994.46	191262.17
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	68994.46	191262.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	51780.35	166174.18
4. Total Contribution Refunds (from Line 28(d))	1565.00	1766.25
6. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50215.35	164407.93
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1429.46	2495.92
Offsets to Operating Expenditures (from Line 15, page 3)	1915.68	2601.14
S. Net Operating Expenditures (subtract Line 37 from Line 36)	-486.22	-105.22

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

IEMIZED RECEIN	-13	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
r for commercial purposes	s, other than using the name and		erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE American Acade	in Full) Imy of Family Physician	s Political Action Comm	nittee						
Full Name (Last, First, I John W Aldis MD Mailing Address 4911 R	, 		Date of Receipt						
City	State	Zip Code	03 24 2016 Transaction ID : C3282871						
Shepherdstown	WV	25443-5066	Amount of Each Receipt this Period						
FEC ID number of cont federal political committee	ŭ		250.00						
Name of Employer	Occupatio	n	Memo Item						
Self	Family Ph	ysician							
Receipt For:		e Year-to-Date ▼							
Primary Other (specify) ▼	General	250.00							
Full Name (Last, First, I Jennifer R Aloff M			Date of Receipt						
Mailing Address 3179 N	Stark Rd		03 10 _2016 _						
City	State	Zip Code	Transaction ID : C3274368						
Midland	MI	48642-7921	Amount of Each Receipt this Period						
FEC ID number of cont federal political committee			365.00						
Name of Employer Self	Occupatio Family Phy		Memo Item						
Receipt For: Primary Other (specify) ▼	General	e Year-to-Date ▼ 365.00							
Full Name (Last, First, I Andrew Martin A			Date of Receipt						
Mailing Address 1100 L			03 10 2016						
City Templeton	State CA	Zip Code 93465-9704	Transaction ID : C3274007 Amount of Each Receipt this Period						
FEC ID number of cont federal political committee	ŭ		100.00						
Name of Employer	Occupatio	n	Memo Item						
Self	Family Ph	ysician							
Receipt For:		e Year-to-Date ▼							
Primary Other (specify) ▼	General	300.00							
SUBTOTAL of Receipts T	his Page (optional)		715.00						

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

45

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Andrew Martin Anthony MD Date of Receipt Mailing Address 1100 Las Tablas Rd 2016 24 City Zip Code State Transaction ID: C3283061 CA Templeton 93465-9704 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Bacani McKenney Bacani McKenney MD, FAAFP Date of Receipt Mailing Address 1525 Madison St 03 Ste 3 12 2016 City State Zip Code Transaction ID: C3274910 KS Fredonia 66736-1704 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.00 Full Name (Last, First, Middle Initial) c. David Orrin Barbe MD, FAAFP Date of Receipt Mailing Address 120 W 16Th St 03 10 2016 City Zip Code State Transaction ID: C3274361 MO Mountain Grove 65711-1039 Amount of Each Receipt this Period FEC ID number of contributing С 1365.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1370.00 Other (specify) 1930.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Karla L Birkholz MD, FAAFP Date of Receipt Mailing Address 1920 E Bell Rd Unit 1156 2016 03 City Zip Code State Transaction ID: C3274568 Phoenix ΑZ 85022-6290 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Memo Item Name of Employer Occupation Your Family Physician Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) B. Reid B Blackwelder MD, FAAFP Date of Receipt Mailing Address 4407 Leedy Rd 03 15 2016 City State Zip Code Transaction ID: C3275626 TN Kingsport 37664-2117 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation **ETSU** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) Wesley Gene Bradford MD, FAAFP Date of Receipt Mailing Address 5122 Oconto Ave 03 16 2016 City State Zip Code Transaction ID: C3277046 CA Rancho Palos Verdes 90275-3733 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 720.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	s and Statements may not be sold or used by any pe sing the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Fan	nily Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Rhett Le Roy Brown MD, FAAF Mailing Address 3616 Sadler Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Novant Health Receipt For: Primary Other (specify) Other (specify)	State Zip Code NC 28278-9677 C Occupation Family Physician Aggregate Year-to-Date 500.00	Date of Receipt 03 11 2016 Transaction ID: C3274580 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Kenneth Keith Carrell MD Mailing Address 1115 1St Ave S City Payette FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip Code ID 83661-2810 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 08 2016 Transaction ID : C3273048 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dennis M Carroll MD, FAAF Mailing Address 100 Stahlhut Dr City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 62656-5059 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 16 2016 Transaction ID: C3277047 Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (option	onal)	1300.00
TOTAL This Period (last page this line r	number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 45 (check only one)

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		Detailed Summary Page	<u>×</u>	11a		11		11c	\vdash	12				
y information copied from such Reports and S	Statemente mo	av not be sold or used by any n	erson fo	13	nur	14		15	na 66	16	ions			
for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
American Academy of Family P	hysicians	Political Action Comm	nittee											
Full Name (Last, First, Middle Initial) Cecilia Ann Collins MD, FAAFP			С	ate of	Re	ecei	ipt							
Mailing Address 383 N Roscoe Blvd				м - м	/		14	/ 🖸		2016	Y			
City	State	Zip Code		Trans	acti	ion	ID : 0	32749	73					
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FEC ID number of contributing federal political committee.	С			-	_	7		7	Ξ	1000.0	00			
Name of Employer	Occupation		- I	Mer	no I	lten	n							
Self	Family Phys	sician												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33 - 30		1											
Other (specify) ▼		1000.00	1											
Full Name (Last, First, Middle Initial) Steven A Crawford MD, FAAFP				ate of	Re	ecei	ipt							
Mailing Address 900 Ne 10Th St				M = M	/		19	/ Y		016	Υ			
City	State	Zip Code		Trans	acti	ion	ID : C	32808	34					
Oklahoma City	OK	73104-5420	A	mount	of	Ea	ch Re	eceipt t	his F	² eriod				
FEC ID number of contributing federal political committee.	ů							416.66						
Name of Employer	Occupation		+ [Mei	no l	lten	n							
University of Oklahoma	Family Phys	sician												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33.73		1											
Other (specify) ▼		1249.98	Щ											
Full Name (Last, First, Middle Initial) Mary Margaret Crestani MD				ate of	Re	ecei	ipt							
Mailing Address 301 Wine Sap Cir				м - м	/		08	/ [016	Y			
City	State	Zip Code		Trans	acti	ion	ID : (C32730	155					
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FEC ID number of contributing federal political committee.	С					,			Ξ	365.0	00			
Name of Employer	Occupation		→ [Mer	no l	lten	n							
Univ. of AL Sch of Med - Huntsville Re	Family Phy	sician												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33. 384.0		,											
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OTAL This Period (last page this line number	only))	. [7			_					

FOR LINE NUMBER: PAGE 11 OF 45 Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Comm	nittee
Full Name (Last, First, Middle Initial) Robert Eidus MD, MBA, F Mailing Address 123 N Union Ave Ste 204 City Cranford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NJ 07016-2198 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 10 2016 Transaction ID: C3274369 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Sarah Jane Fessler MD, FAAFP Mailing Address 100 Bullocks Point Ave City Riverside FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) General	State Zip Code RI 02915-5351 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 16 2016 Transaction ID : C3277070 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Wanda D Filer MD, MBA, F Mailing Address 510 Aqua Ct City York FEC ID number of contributing federal political committee. Name of Employer Strategic Health Institute Receipt For: Primary Other (specify)	State Zip Code PA 17403-3623 C Occupation Family Physician Aggregate Year-to-Date ▼ 1050.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)		1080.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	12 OF	-	45
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jonathan P Forman MD Date of Receipt Mailing Address 416 Saint Ives Dr 2016 City Zip Code State Transaction ID: C3274562 MD Severna Park 21146-1027 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Maryland Primary Care Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. S Gay Freeman MD Date of Receipt Mailing Address 94 Morton Rd 03 09 2016 City State Zip Code Transaction ID: C3273316 South Chatham MA 02659-1303 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name (Last, First, Middle Initial) c. Steven Paul Furr MD, FAAFP Date of Receipt Mailing Address 214 Plantation Trce 2016 03 16 City State Zip Code Transaction ID: C3276754 AL Jackson 36545-2280 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Memo Item Name of Employer Occupation IMC-FMO PC Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) for each category of the (check only one)

	EWIZED RECEIPTS		Detailed Summary Page	×	11a 13	\vdash	11b	11c	12 16	<u>17</u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purp	ose of s	oliciting	contribu	utions	
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee)						
۹.	Full Name (Last, First, Middle Initial) Gary Ray Goin MD Mailing Address 412 Black Hills Ln SW				Date of	Red					
	Ste D City Olympia	State WA	Zip Code 98502-8142				03 on ID : C	326793	_		
	FEC ID number of contributing federal political committee.	С	33302 5112		Amount	Of E	ach Re	ceipt th	is Period 365		
	Name of Employer Self Receipt For:	Occupation Family Phys Aggregate			Mer	no It	em				
	Primary General Other (specify) ▼		365.00								
3.	Full Name (Last, First, Middle Initial) David J Hagan MD, CPE, F				Date of	Red	ceipt				
	Mailing Address 222 N Sangamon Ave				03	/	31	/ Y	2016	Y	
	City Gibson City	State IL	Zip Code 60936-1345		Transaction ID : C3287523 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С				_	,	-	500	.00	
	Name of Employer Gibson City Clinic, S.C.	Occupation Family Phys		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Э.	Full Name (Last, First, Middle Initial) Mary Nolan Hall MD, FAAFP				Date of	Red	ceipt				
	Mailing Address PO BOX 32861				03	/	12	/ Y	2016	Y	
	City Charlotte	State NC	Zip Code 28232-2861				on ID : C Each Re		08 is Perioc	d	
	FEC ID number of contributing federal political committee.	С				_	,	-	500	.00	
	Name of Employer	Occupation			Mer	no It	em				
	Carolina Healthcare System	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
s	UBTOTAL of Receipts This Page (optional)			•			,		1365.	.00	
Т	OTAL This Period (last page this line number o	nly)		•							

FOR LINE NUMBER: PAGE 14 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daniel J Heinemann MD, FAAFP Date of Receipt Mailing Address PO BOX 5039 07 2016 City Zip Code State Transaction ID: C3270915 SD Sioux Falls 57117-5039 Amount of Each Receipt this Period FEC ID number of contributing 209.00 federal political committee. Memo Item Name of Employer Occupation Sioux Valley Health Systems Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 627.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roxanne Jui Ho MD Date of Receipt Mailing Address 6917 47Th Street Ct W 03 09 2016 City State Zip Code Transaction ID: C3273504 University Place WA 98466-4941 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Eileen Horner MD, FAAFP Date of Receipt Mailing Address 7256 E Park Land Loop 03 24 2016 City State Zip Code Transaction ID: C3282939 ΑZ Tucson 85750-6121 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Dept of Veteran Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 559.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee							
NAME OF COMMITTEE (In Full) American Academy of Famil	ly Physicians Political Action Comm	nittee						
Full Name (Last, First, Middle Initial) Jennifer Elizabeth Hyer MD Mailing Address PO BOX 313		Date of Receipt						
City	State Zip Code	03 16 2016 Transaction ID : C3277057						
Petersburg	AK 99833-0313	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	365.00						
Name of Employer Self	Occupation Family Physician	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	365.00							
Full Name (Last, First, Middle Initial) Richard H Jones MD		Date of Receipt						
Mailing Address Unit 6010 Box 91		03 11 2016						
City DPO	State Zip Code AE 09825-0091	Transaction ID : C3274550 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	2000.00						
Name of Employer US Government	Occupation Family Physician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00							
Full Name (Last, First, Middle Initial) Randy Mark Kiriluk MD		Date of Receipt						
Mailing Address 30000 County Line Rd		03 09 2016						
City Wesley Chapel	State Zip Code FL 33543-6707	Transaction ID : C3273415 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	365.00						
Name of Employer	Occupation	Memo Item						
Self	Family Physician							
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify) ▼	365.00							
UBTOTAL of Receipts This Page (options	al)	2730.00						

FOR LINE NUMBER: PAGE 16 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jason L Knudson MD Date of Receipt Mailing Address 1420 N 10Th St 2016 27 City Zip Code State Transaction ID: C3284189 SD Spearfish 57783-1532 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Regional Health Physicians Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jason L Knudson MD Date of Receipt Mailing Address 1420 N 10Th St 03 29 2016 City State Zip Code Transaction ID: C3285291 SD Spearfish 57783-1532 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation Regional Health Physicians Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 620,00 Full Name (Last, First, Middle Initial) c. Ernest John Lentini DO, FAAFP Date of Receipt Mailing Address 49 Harborview Rd 03 09 2016 City State Zip Code Transaction ID: C3273331 MA Hull 02045-1213 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1540.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR I	LINE NU	JMBER	:	PAGE	. 1	17 OF	4	5
Use separate schedule(s)	(check	c only or	ne)						
for each category of the Detailed Summary Page	X 1	I1a	11b		11c		12		
	1	13	14		15		16	□ 1	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gregory L Long MD Date of Receipt Mailing Address 827 E College Ave 2016 City Zip Code State Transaction ID: C3274567 WI Appleton 54911-5619 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lucy Williams Loomis MD, FAAFP Date of Receipt Mailing Address 1759 Hudson St 03 16 2016 City State Zip Code Transaction ID: C3277041 CO Denver 80220-1452 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Colleen C Lyons MD, FAAFP Date of Receipt Mailing Address 706 Hillcrest Rd 2016 03 11 City Zip Code State Transaction ID: C3274589 NV Carson City 89703-4912 Amount of Each Receipt this Period FEC ID number of contributing С 750.00 federal political committee. Memo Item Name of Employer Occupation Family Medicine Physician Veterans Health Administration Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 19 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one)

	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or for commerci	ial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	OMMITTEE (In Full) n Academy of Family	Physicians	Political Action Comm	nittee
. Todd A M	ast, First, Middle Initial) iller MD, FAAFP			Date of Receipt
City	ess 8200 W Central Ave	State	Zip Code	03 02 2016 Transaction ID : C3267922
Wichita		KS	67212-9503	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		365.00
Name of Em	ployer	Occupation		Memo Item
	Family Physicians	Family Physi	cian	
Receipt For:		Aggregate Y	∕ear-to-Date ▼	
Other	y ☐ General (specify) ▼		365.00	
	ast, First, Middle Initial) Montgomery MD, MBA, F	=		Date of Receipt
Mailing Addre	ess 39000 Bob Hope Dr			03 06 2016
City		State	Zip Code	Transaction ID : C3270872
Rancho Mira	ge	CA	92270-3221	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		250.00
Name of Em Eisenhower M	ployer ⁄ledical Associates	Occupation Physician		Memo Item
Receipt For: Primary Other	y General (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	
	ast, First, Middle Initial) Moquist MD, FAAFP	<u>'</u>		Date of Receipt
Mailing Addre	ess 700 Skyline			03 09 2016
City Horseshoe E	Зау	State TX	Zip Code 78657	Transaction ID : C3289632 Amount of Each Receipt this Period
	ber of contributing cal committee.	C		91.66
Name of Em	ployer	Occupation		Memo Item
Self		Family Physi	cian	
Receipt For:		Aggregate Y	∕ear-to-Date ▼	
Other	y ☐ General (specify) ▼		274.98	
SUBTOTAL of	Receipts This Page (optional))	706.66

FOR LINE NUMBER: PAGE 21 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 22 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 23 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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	FOR LINE NUMBER: PAGE 24 OF	45
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

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Family Physician

Aggregate Year-to-Date ▼

365.00

FE6AN026

Self Receipt For:

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

615.00

	FOR	R LINE	NU	MBER	:	PAGE	2	25	OF	45
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jesse Taylor Sch?nau MD Date of Receipt Mailing Address 9260 Regents Rd Apt G 01 2016 City State Zip Code Transaction ID: C3266451 CA La Jolla 92037-1439 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **US Navy** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin Powell Schrubbe MD Date of Receipt Mailing Address 219 Pinecrest Ln 03 2016 11 City State Zip Code Transaction ID: C3274574 AL Fairhope 36532-1407 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation **Daphne Family Practice** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Katy M Sheridan MD, FAAFP Date of Receipt Mailing Address PO BOX 4136 2016 03 11 City State Zip Code Transaction ID: C3274541 AK Soldotna 99669-4136 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

FOR LINE NUMBER: PAGE 26 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) William Kirk Stone MD Mailing Address 1306 Berkshire Rd City Union City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TN 38261-5710 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Windel Stracener MD, FAAFP Mailing Address 1333 Hunters Pointe Dr City Richmond FEC ID number of contributing federal political committee. Name of Employer Wayne County Health Department Receipt For: Primary General Other (specify)	State Zip Code IN 47374-7184 C Occupation Physician Aggregate Year-to-Date ▼ 436.38	Date of Receipt 03 04 2016 Transaction ID: C3269704 Amount of Each Receipt this Period 218.19 Memo Item
Full Name (Last, First, Middle Initial) Glen R Stream MD, FAAFP Mailing Address 45280 Seeley Dr City La Quinta FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Associates Receipt For: Primary General Other (specify)	State Zip Code CA 92253-6834 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 04 2016 Transaction ID : C3269705 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	768.19
TOTAL This Period (last page this line num	ber only)	

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Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
_ come common , age	13 14	15	ີ ₁₆ Γ	717

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial) Kimberly Sue Stuckey-Schrock MD		Date of Receipt
Mailing Address 511 N Greene Rd		03 16 2016
City	State Zip Code	Transaction ID : C3277069
Goshen	IN 46526-1309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Memo Item
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Hugh M Taylor MD, FAAFP		Date of Receipt
Mailing Address 15 Railroad Ave		03 11 2016
City	State Zip Code	Transaction ID : C3274592
South Hamilton	MA 01982-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	Memo Item
Family Medicine Associates LLC	Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	5000.00	
Full Name (Last, First, Middle Initial) Tracie Dalene Updike MD		Date of Receipt
Mailing Address 2933 Park Plaza Ln		03 16 2016
City	State Zip Code	Transaction ID : C3277034
Port Arthur	TX 77642-5516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self	Family Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	

FOR LINE NUMBER: PAGE 29 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gary C Wainer DO, FAAFP Date of Receipt Mailing Address 612 Linden Ave 2016 City Zip Code State Transaction ID: C3274591 Oak Park IL 60302-1661 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin S Wang MD, FAAFP Date of Receipt Mailing Address 158C 22nd Ave 03 24 2016 City State Zip Code Transaction ID: C3283072 WA Seattle 98122-6036 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation **Swedish Medical Center** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Robert J Weber MD Date of Receipt Mailing Address 1066 S Green Valley Rd 03 14 2016 City Zip Code State Transaction ID: C3275025 CA Watsonville 95076-4163 Amount of Each Receipt this Period FEC ID number of contributing С 620.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) 1020.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Fam	ily Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Thomas J Weida MD, FAAFP Mailing Address 850 5Th Ave E City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AL 35401-7419 C Occupation Family Physician Aggregate Year-to-Date ▼ 368.00	Date of Receipt 03 14 2016 Transaction ID: C3275233 Amount of Each Receipt this Period 368.00 Memo Item
Full Name (Last, First, Middle Initial) Tabatha Selina Wells MD Mailing Address 2239 W Taylor St Apt 1 City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 60612-4233 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 14 2016 Transaction ID: C3275024 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD, F Mailing Address 59 Tipton Dr City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Southern Health Receipt For: Primary Other (specify)	State Zip Code GA 30533-1603 C Occupation Family Physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 18 2016 Transaction ID: C3289631 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (option	nal)	983.00
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 31 OF 45 Use separate schedule(s) (check only one) X 11a 11b 11c 12 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jason Wickersham MD Date of Receipt Mailing Address 401 W Glynn Dr 2016 City Zip Code State Transaction ID: C3273986 Parkston SD 57366-9605 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Herbert Foreman Young MD, MA, FA Date of Receipt Mailing Address 10313 Cherokee Ln 03 10 2016 City State Zip Code Transaction ID: C3274356 KS Leawood 66206-2510 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.00 Full Name (Last, First, Middle Initial) c. Kim K Yu MD, FAAFP Date of Receipt Mailing Address 26030 Island Lake Dr 03 10 2016 City State Zip Code Transaction ID: C3274370 MI Novi 48374-2161 Amount of Each Receipt this Period FEC ID number of contributing С 365.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1095.00 SUBTOTAL of Receipts This Page (optional)..... 35763.51 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 32 OF 45 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family I	e name and address of a	ny political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Academy of Family Physic Mailing Address 11400 Tomahawk Creek Pky City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		-2672 e ▼ 2601.14	Date of Receipt 03 07 2016 Transaction ID : C3276542 Amount of Each Receipt this Period 90.41 Memo Item
Full Name (Last, First, Middle Initial) American Academy of Family Phys Mailing Address 11400 Tomahawk Creek Pky City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Co KS 66211- C Occupation Aggregate Year-to-Dat	2672	Date of Receipt 03 28 2016 Transaction ID : C3284381 Amount of Each Receipt this Period 497.88 Memo Item
Full Name (Last, First, Middle Initial) American Academy of Family Ph Mailing Address 11400 Tomahawk Creek Pk City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	•	e ▼ 2601.14	Date of Receipt 03 28 2016 Transaction ID : C3284382 Amount of Each Receipt this Period 1327.39 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			1915.68 1915.68

SCHEDULE B (FEC Form 3X)				PAGE 33 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check chily one)		
	Detailed Summary Page	X 21b	22 23	24 25 2
		27	28a 28b	28c 29 3
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	sicians Political Acti	on Committ	ee	
	noiario i Ontioai 7 oti	OII OOIIIIIII		
Full Name (Last, First, Middle Initial)			Data of District	
A. American Express			Date of Disbursem	
Mailing Address PO Box 53852			03 02	2016
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID:	D172071
Purpose of Disbursement				
Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Category/		3.25
Office Sought: House Disburser	ment For:	Type	Name Item	
Senate Seaghti	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
3. American Express			Date of Disbursem	ent
Mailing Address DO Day 50050			M M / D D	
Mailing Address PO Box 53852			03 04	2016
City	State Zip Code		Transaction ID :	D172072
Phoenix	AZ 85072-3852			
Purpose of Disbursement Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Catagory	san or Edon b	
		Category/ Type		16.25
Office Sought: House Disburser	ment For:		Memo Item	
Senate	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursem	ent
- American Express			M M / D D	
Mailing Address PO Box 53852			03 07	2016
Cit.	01-1-			
City S Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D172073
Purpose of Disbursement				
Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Category/		40.00
0//		Type	7	16.90
Office Sought: House Disburser Senate			Memo Item	
President	Primary General Other (specify) ▼			
State: District:	outor (opoony) ▼			
2.0				
SUBTOTAL of Disbursements This Page (optional)				36.40
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Harris I I I I I I I I I I I I I I I I I I I			PAGE 34 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	X 21b	22 23	24 25 2
		27	28a 28b	28c 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and managed of diff points		50	
American Academy of Family Phys	icians Political Actio	on Committ	ee	
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Full Name (Last, First, Middle Initial)			Data of District	
A. American Express			Date of Disbursem	_
Mailing Address PO Box 53852			03 08	2016
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID :	D172074
Purpose of Disbursement				
Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Category/		7.09
Office Sought: House Disburser	nent For:	Туре	Momalton	
Senate	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
3. American Express			Date of Disbursem	ent
Mailing Address DOD FORE			M M / D D	
Mailing Address PO Box 53852			03 10	2016
City	State Zip Code		Transaction ID :	D172075
Phoenix	AZ 85072-3852			_ 0.0
Purpose of Disbursement Bank card processing fee			Amount of Each D	isbursement this Period
Candidate Name		Oats and	Amount of Lacif D	iosaiscinent tilis i ellou
		Category/ Type		1.30
Office Sought: House Disbursen	nent For:	21.2	Memo Item	
Senate	Primary General		_	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent
C. American Express				
Mailing Address PO Box 53852			03 / 11	2016
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID:	D172076
Purpose of Disbursement Bank card processing fee				
•			Amount of Each D	isbursement this Period
Candidate Name		Category/		1.01
Office Sought: House Disbursen	nent For:	Туре		
Senate	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:	<u> </u>			
·				
SUBTOTAL of Disbursements This Page (optional)				9.40
TOTAL This Period (last nage this line number only)				

ITEMIZED DISBURSEMENTS	Use separate schedule(s)		
TIEMIZED DISDONSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Family Phys			
Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement
Mailing Address PO Box 53852			03 / 14 / 2016
Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D172077
Purpose of Disbursement Bank card processing fee Candidate Name		Category/	Amount of Each Disbursement this Period 86.24
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	Type	Memo Item
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement
Mailing Address PO Box 53852			03 14 2016
City Phoenix Purpose of Disbursement	State Zip Code AZ 85072-3852		Transaction ID : D172078
Bank card processing fee Candidate Name		Category/ Type	Amount of Each Disbursement this Period 16.25
Office Sought: House Senate President State: Disburser	nent For: Primary General Other (specify) ▼	,,	Memo Item
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement
Mailing Address PO Box 53852			03 15 2016
Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D172079
Purpose of Disbursement Bank card processing fee Candidate Name		Category/ Type	Amount of Each Disbursement this Period 3.25
Office Sought: House Disburser Senate	nent For: Primary General Other (specify)	,,	Memo Item

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 36 OF 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) American Academy of Family P	•			om such committee.
Full Name (Last, First, Middle Initial)			5 . (5)	
A. American Express			Date of Disbursem	ent
Mailing Address PO Box 53852			03 / 18	2016
City	State Zip Code AZ 85072-3852		Transaction ID :	D172080
Phoenix Purpose of Disbursement	AZ 85072-3852			
Bank card processing fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/		3.25
Office Sought: House Disbu	ursement For:	Туре	Name have	
Senate	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursem	ent
American Express			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 53852			03 21	2016
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D172081
Purpose of Disbursement	AZ 65072-3652			
Bank card processing fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		51.32
Office Sought: House Disbu	ursement For:	Турс	Memo Item	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General			
President	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C. American Express			Date of Disbursem	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 53852			03 21	2016
City	State Zip Code		Transaction ID	D470000
Phoenix	AZ 85072-3852		Transaction ID:	D112082
Purpose of Disbursement Bank card processing fee				
Candidate Name		Catagory	Amount of Each Di	sbursement this Period
		Category/ Type		14.63
	ursement For:		Memo Item	
Senate President	Primary General Other (specify) ▼		_	
State: District:	Other (Specify)			
SUBTOTAL of Disbursements This Page (option	nal)	·····		69.20
TOTAL This Paried (last page this line number	only)			
TOTAL This Period (last page this line number	orny)			1 (0) 1 1 (0) 1

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 37 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		ck only one)	
	Detailed Summary Page	X 21b	22 23	24 25 2
		27	28a 28b	28c 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and managed or drift points		30	222
American Academy of Family Phys	icians Political Actio	on Committ	ee	
Full Name (Last, First, Middle Initial)			Date of District	
A. American Express			Date of Disbursem	
Mailing Address PO Box 53852			03 22	2016
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID:	D172083
Purpose of Disbursement				
Bank card processing fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/		8.13
Office Sought: House Disbursen	nent For:	Туре		7
	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disburseme	ent
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Mailing Address PO Box 53852			03 23	2016
,	State Zip Code AZ 85072-3852		Transaction ID :	D172084
Phoenix Purpose of Disbursement	AZ 85072-3852			
Bank card processing fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
		Type		13.54
Office Sought: House Disbursen			Memo Item	
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. American Express			Date of Disburseme	ent
American Express			M M / D D	/ Y Y Y Y Y Y
Mailing Address PO Box 53852			03 02	2016
City S	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID :	D172091
Purpose of Disbursement				
Bank card processing fee		1 []	Amount of Each Di	sbursement this Period
Candidate Name		Category/		7.05
Office Cought	- ant Fam	Type		7.95
Office Sought: House Disbursen Senate			Memo Item	
President	Primary General Other (specify) ▼			
State: District:	(opooj) ▼			
SUBTOTAL of Disbursements This Page (optional)				29.62
TOTAL This Period (last nage this line number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) American Academy of Family Phys	•		
Full Name (Last, First, Middle Initial)			Data of Diskumanana
A. American Express			Date of Disbursement
Mailing Address PO Box 53852			03 28 2016
Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D172168
Purpose of Disbursement Bank card processing fee			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3.25
	nent For: Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement
Mailing Address PO Box 53852			03 30 2016
Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D172169
Purpose of Disbursement Bank card processing fee			Amount of Each Disbursement this Period
Candidate Name	1	Category/ Type	7.95
	nent For: Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Service	es		Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485			03 02 7 2016
Spokane	State Zip Code WA 99210-2485		Transaction ID : D172070
Purpose of Disbursement Bank card processing fee			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1167.90
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1179.10
TOTAL This Period (last page this line number only).			1429.46

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 39 OF 45
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	io and address of any pointed		consist commissions from each commission.
American Academy of Family Phys	icians Political Actio	n Committ	200
American Academy of Family 1 mys	icians i dillicai Actio		
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF DENA			Date of Disbursement
Mailing Address 3956 W Town Center Blvd			03 21 2016
Ste 457			2010
City	State Zip Code		Transaction ID - D474700
Orlando	FL 32837-6103		Transaction ID : D171780
Purpose of Disbursement Campaign contribution			Amount of Fook Dichurcoment this Device
Candidate Name			Amount of Each Disbursement this Period
Dr. Dena Minning		Category/ Type	5000.00
- J	nent For: 2016	1,700	Memo Item
Senate	Primary General		Memo item
	Other (specify) ▼		
State: FL District: 09			
Full Name (Last, First, Middle Initial)			B (B)
3. DR. MATT HEINZ FOR ARIZONA			Date of Disbursement
Mailing Address PO Box 57698			03 21 2016
ag / taa. 666 1 0 Box 57636			25 2. 25.0
,	State Zip Code		Transaction ID : D171782
Tucson Purpose of Disbursement	AZ 85732-7698		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Onto no mul	Amount of Each Biodusement this Feriod
Dr. Matt Heinz		Category/ Type	5000.00
Office Sought: House Disbursen	nent For: 2016		Memo Item
	Primary General		
	Other (specify) ▼		
State: AZ District: 02			
Full Name (Last, First, Middle Initial) KANSANS FOR MARSHALL			Date of Disbursement
- KANSANS FOR MARSHALL			M M / D D / Y Y Y Y Y
Mailing Address PO Box 1588			03 21 2016
	State Zip Code		Transaction ID : D171781
Great Bend Purpose of Disbursement	KS 67530-1588		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	, and an easi Dispursonicit this 1 cillu
Dr. Roger Marshall		Type	5000.00
	nent For: 2016		Memo Item
	Primary General		_
President President President	Other (specify) ▼		
State: KS District: 01			
SUBTOTAL of Disbursements This Page (optional)			15000.00
COLUMN TIME OF DISSUISCINGTION THIS I age (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	The state of the points		
American Academy of Family Phys	icians Political Actio	on Committ	ee
Full Name (Last, First, Middle Initial)		1	
LEGPAC			Date of Disbursement
Mailing Address 38 IVY ST., SE			03 01 2016
•	State Zip Code		Transaction ID : D171451
WASHINGTON	DC 20003		Transaction 15 : 517 1401
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Ben Cardin Office Sought: House Disbursen	aont For	Туре	2555.55
	nent For: Primary General		Memo Item
	Other (specify)		
State: MD District: 00			
Full Name (Last, First, Middle Initial)			
FRIENDS OF RAJA FOR CONGR	ESS		Date of Disbursement
Mailing Address PO Box 681202			03 01 2016
City	State Zip Code		
Schaumburg	IL 60168-1202		Transaction ID : D171449
Purpose of Disbursement			
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Raja Krishnamoorthi		Category/	5000.00
	nent For: 2016	Туре	Memo Item
	Primary General		Memo item
	Other (specify) ▼		
State: IL District: 08			
Full Name (Last, First, Middle Initial)			
National Republican Senatorial Cor	mmittee		Date of Disbursement
Mailing Address 425 2nd St NE			03 21 2016
City	State Zip Code		
	DC 20002-4914		Transaction ID : D171771
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Canadado Name		Category/ Type	15000.00
Office Sought: House Disbursen	nent For:	71	Memo Item
	Primary General		
	Other (specify) ▼		
State: District:			
CURTOTAL of Diphyrophoto This Days (astissus)			22500.00
SUBTOTAL of Disbursements This Page (optional)		······	223333
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	l llog congrete cohodule(c) l	FOR LINE NUMBER: PAGE 41 OF 45 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		y any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Phys	, ,	
Full Name (Last, First, Middle Initial)		
A. PEOPLE FOR BEN		Date of Disbursement
Mailing Address PO BOX 31129		03 21 2016
SANTA FE	State Zip Code NM 87594	Transaction ID : D171773
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Ben Ray Lujan		ttegory/ Type 2500.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)	Memo Item
State: NM District: 03 Full Name (Last, First, Middle Initial)	•	
B. UPTON FOR ALL OF US		Date of Disbursement
Mailing Address 104 Hume Ave		03 01 2016
Alexandria	State Zip Code VA 22301-1015	Transaction ID : D171447
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Fred Upton		ttegory/ Type 2500.00
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 1091		03 21 2016
HOOD RIVER	State Zip Code OR 97031	Transaction ID : D171776
Purpose of Disbursement Campaign contribution Candidate Name		Amount of Each Disbursement this Period
Rep. Greg Walden	'	ttegory/ Type 2500.00
0	nent For: 2016	Memo Item
	Primary General Other (specify) ▼	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Actic	on Committ	ee
Full Name (Last, First, Middle Initial)			Data of Dishurasmont
A. COURTNEY FOR CONGRESS Mailing Address PO Box 1372			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Vernon	State Zip Code CT 06066-7372		Transaction ID : D171775
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Rep. Joe Courtney		Category/ Type	2500.00
Senate President	nent For: 2016 Primary General Other (specify)		Memo Item
State: CT District: 02 Full Name (Last, First, Middle Initial) B. VOLUNTEERS FOR SHIMKUS			Date of Disbursement
Mailing Address P.O. BOX 661	01-1- 7- 0-1-		03 01 2016
City COLLINSVILLE Purpose of Disbursement	State Zip Code IL 62234		Transaction ID : D171448
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Rep. John Shimkus		Category/ Type	2500.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)	Турс	Memo Item
Full Name (Last, First, Middle Initial) C. CASTOR FOR CONGRESS			Date of Disbursement
Mailing Address 301 W PLATT STREET, #385			03 21 2016
TAMPA	State Zip Code FL 33606		Transaction ID : D171778
Purpose of Disbursement Campaign contribution Candidate Name Rep. Kathy Castor		Category/	Amount of Each Disbursement this Period 2500.00
	ment For: 2016 Primary General Other (specify)	Туре	Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00
TOTAL This Period (last page this line number only))		

SCHEDULE B (FEC Form 3X)	Harris I I I I I I	FOR LINE	NUMBER: PAGE 43 OF 45
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Actio	n Committ	ee
Full Name (Last, First, Middle Initial)			Data of Dishamana
A. TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 2931 E Dublin Granville Road Ste 2000			03 21 2016
•	State Zip Code		Transaction ID : D171774
Columbus Purpose of Disbursement	OH 43231		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2522.22
Rep. Pat Tiberi		Type	2500.00
	nent For: 2016		Memo Item
	Primary		
State: OH District: 12	oniei (specily) 🔻		
Full Name (Last, First, Middle Initial)			
PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 Central Avenue			03 29 2016
Albany	State Zip Code NY 12206		Transaction ID : D172105
Purpose of Disbursement Campaign contribution			Assessment of Feels Dielectroneura their Deviced
Candidate Name		البيا	Amount of Each Disbursement this Period
Rep. Paul Tonko		Category/ Type	1000.00
•	nent For: 2016	.,,,,	Memo Item
	Primary		
	Other (specify) ▼		
State: NY District: 21			
Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS			Date of Disbursement
- JUALIOL I ON CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 23219			03 21 2016
	State Zip Code		Transaction ID : D171777
JEFFERSON Purpose of Disbursement	LA 70183		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Steve Scalise		Туре	2500.00
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: LA District: 01	- (-r - - J)/ ▼		
SUBTOTAL of Disbursements This Page (optional)			6000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 44 OF 45
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and the second of the politice		
American Academy of Family Physi	icians Political Actio	n Committ	ee
Full Name (Last, First, Middle Initial)			D
A. MORAN FOR KANSAS			Date of Disbursement
Mailing Address PO BOX 1151			03 21 2016
City	tate Zip Code		
	KS 67601		Transaction ID : D171772
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Jerry Moran		Type	5000.00
	ent For: 2016		Memo Item
	Primary General		_
State: KS District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
BENNET FOR COLORADO			Date of Disbursement
Mailing Address DO DOV 2070			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 3078			03 01 2016
•	tate Zip Code CO 80201		Transaction ID : D171452
Purpose of Disbursement	00201		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Michael Bennet		Type	2500.00
	ent For: 2016		Memo Item
	Primary General		
State: CO District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
7.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement	1		
Purpose of disbursement			
Candidate Name		0-1	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursem	nent For:	71 -	Memo Item
Senate I	Primary General		- Mellio Relli
	Other (specify) ▼		
State: District:			
OUDTOTAL ACRISE TO THE TOTAL OF			7500.00
SUBTOTAL of Disbursements This Page (optional)		······•	7300.00
TOTAL This Period (last nage this line number only)			66000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 X 28a 28b 28c 29 30l
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Family Physical Academy Academy Physical Academy Physical Academy Physical Academy Physical Physic			
Full Name (Last, First, Middle Initial) 1. Dr. David Orrin Barbe MD, FAAFP			Date of Disbursement
Mailing Address 120 W 16Th St			03 11 2016
Mountain Grove	State Zip Code MO 65711-1039		Transaction ID : D171580
Purpose of Disbursement Refund of 3/10/16 contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1365.00
	nent For: Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial) B. Dr. Emma Kathryn Worringer MD Mailing Address 270 Canal St Apt 320			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MA 01840-1450		Transaction ID : D171453
Purpose of Disbursement Refund of 2/25/16 donation			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	200.00
	nent For: Primary General Other (specify)	,,	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1565.00
TOTAL This Period (last page this line number only).			1565.00